**IN THE UNITED STATES BANKRUPTCY COURT**
**FOR THE DISTRICT OF PUERTO RICO**

| | |
|---|---|
| IN RE:<br><br>OSCAR MARTIN HERNANDEZ CINTRON<br>TERESITA DEL PILAR CAMPO SAN MARTIN<br><br>DEBTORS | CASE NO. 15-09459/BKT<br><br>CHAPTER 13 |

**DEBTOR'S MOTION AND NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J" AND CERTIFICATE OF SERVICE**

**TO THE HONORABLE COURT:**

**NOW COME, OSCAR MARTIN HERNANDEZ CINTRON and TERESITA DEL PILAR CAMPO SAN MARTIN**, debtors in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The debtors is hereby submitting **Amended *Schedules "I" & "J"***, dated March 6, 2017, herewith and attached to this motion.

2. These amendments to Schedules "I" & "J" are filed to *include debtors' actual income and expenses.*

**NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)**

**Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9013(c) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.**

## CERTIFICATE OF SERVICE

**I CERTIFY**, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtors and to all creditors and interested parties appearing in the master address list, hereby attached.

**RESPECTFULLY SUBMITTED**. In San Juan, Puerto Rico, this 9th day of March, 2017.

*/s/ Roberto A. Figueroa Colón*
ROBERTO A. FIGUEROA COLON
USDC #300105
FIGUEROA & SERRANO, PSC
PO BOX 1635
GUAYNABO PR 00970-1635
TEL. NO. (787) 744-7699
EMAIL: rfigueroa@fslawpr.com

**Fill in this information to identify your case:**

Debtor 1 OSCAR MARTIN HERNANDEZ CINTRON

Debtor 2 TERESITA DEL PILAR CAMPO SAN MARTIN
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number 3:15-bk-9459
(If known)

Check if this is:
☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:
MM / DD/ YYYY

# Official Form 106I
# Schedule I: Your Income

12/15

**Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.**

## Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|---|---|---|
| **Employment status*** | ■ Employed<br>☐ Not employed | ■ Employed<br>☐ Not employed |
| **Occupation** | See Schedule Attached | |
| **Employer's name** | | |
| **Employer's address** | | |
| **How long employed there?** | | |

*See Attachment for Additional Employment Information

## Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---|---|---|
| 2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | $ 5,275.63 | $ 0.00 |
| 3. **Estimate and list monthly overtime pay.** | 3. | +$ 0.00 | +$ 0.00 |
| 4. **Calculate gross Income.** Add line 2 + line 3. | 4. | $ 5,275.63 | $ 0.00 |

Debtor 1 HERNANDEZ CINTRON, OSCAR MARTIN & CAMPO SAN
Debtor 2 MARTIN, TERESITA DEL PILAR

Case number (*if known*) 3:15-bk-9459

| | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---|---|---|---|
| | **Copy line 4 here** | 4. | $ 5,275.63 | $ 0.00 |
| 5. | **List all payroll deductions:** | | | |
| 5a. | **Tax, Medicare, and Social Security deductions** | 5a. | $ 729.13 | $ 0.00 |
| 5b. | **Mandatory contributions for retirement plans** | 5b. | $ 0.00 | $ 0.00 |
| 5c. | **Voluntary contributions for retirement plans** | 5c. | $ 0.00 | $ 0.00 |
| 5d. | **Required repayments of retirement fund loans** | 5d. | $ 0.00 | $ 0.00 |
| 5e. | **Insurance** | 5e. | $ 19.61 | $ 0.00 |
| 5f. | **Domestic support obligations** | 5f. | $ 0.00 | $ 0.00 |
| 5g. | **Union dues** | 5g. | $ 0.00 | $ 0.00 |
| 5h. | **Other deductions.** Specify: PR SUI/SDI Tax | 5h.+ | $ 11.07 | + $ 0.00 |
| | Fed Emp Gerenc | | $ 20.00 | $ 0.00 |
| | Ret seg Inc Com | | $ 3.96 | $ 0.00 |
| | Retiro | | $ 158.40 | $ 0.00 |
| 6. | **Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | $ 942.17 | $ 0.00 |
| 7. | **Calculate total monthly take-home pay.** Subtract line 6 from line 4. | 7. | $ 4,333.46 | $ 0.00 |
| 8. | **List all other income regularly received:** | | | |
| 8a. | **Net income from rental property and from operating a business, profession, or farm**<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | $ 0.00 | $ 0.00 |
| 8b. | **Interest and dividends** | 8b. | $ 0.00 | $ 0.00 |
| 8c. | **Family support payments that you, a non-filing spouse, or a dependent regularly receive**<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | $ 0.00 | $ 0.00 |
| 8d. | **Unemployment compensation** | 8d. | $ 0.00 | $ 0.00 |
| 8e. | **Social Security** | 8e. | $ 0.00 | $ 0.00 |
| 8f. | **Other government assistance that you regularly receive**<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: | 8f. | $ 0.00 | $ 0.00 |
| 8g. | **Pension or retirement income** | 8g. | $ 0.00 | $ 0.00 |
| 8h. | **Other monthly income.** Specify: | 8h.+ | $ 0.00 | + $ 0.00 |
| 9. | **Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | $ 0.00 | $ 0.00 |

10. **Calculate monthly income.** Add line 7 + line 9.
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.
10. $ 4,333.46 + $ 0.00 = $ 4,333.46

11. **State all other regular contributions to the expenses that you list in *Schedule J.***
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: 11. +$ 0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data,* if it applies 12. $ 4,333.46

**Combined monthly income**

13. **Do you expect an increase or decrease within the year after you file this form?**
- ■ No.
- ☐ Yes. Explain:

Debtor 1 HERNANDEZ CINTRON, OSCAR MARTIN & CAMPO SAN
Debtor 2 MARTIN, TERESITA DEL PILAR

Case number (*if known*) 3:15-bk-9459

# Official Form B 6I
## Attachment for Additional Employment Information

| **Debtor** | | |
|---|---|---|
| Occupation | | |
| Name of Employer | **AEG Management PR LLC** | |
| How long employed | **7 years** | |
| Address of Employer | **100 Convention Blvd**<br>**San Juan, PR 00907-4900** | |

| **Debtor** | | |
|---|---|---|
| Occupation | **Administrative Officer II** | |
| Name of Employer | **Corporacion del Fondo del Seguro** | |
| How long employed | **3 years and 8 months** | |
| Address of Employer | **PO Box 365028**<br>**San Juan, PR 00936-5028** | |

**Fill in this information to identify your case:**

Debtor 1 OSCAR MARTIN HERNANDEZ CINTRON

Debtor 2 TERESITA DEL PILAR CAMPO SAN MARTIN
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number 3:15-bk-9459
(If known)

Check if this is:

☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

# Official Form 106J
## Schedule J: Your Expenses

12/15

**Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.**

### Part 1: Describe Your Household

1. **Is this a joint case?**

☐ No. Go to line 2.
■ Yes. **Does Debtor 2 live in a separate household?**

■ No
☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. **Do you have dependents?** ☐ No

Do not list Debtor 1 and Debtor 2. ■ Yes. Fill out this information for each dependent..............

Do not state the dependents names.

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|---|---|---|
| | 19 | ☐ No ■ Yes |
| | 16 | ☐ No ■ Yes |
| | 14 | ☐ No ■ Yes |
| | | ☐ No ☐ Yes |

3. **Do your expenses include expenses of people other than yourself and your dependents?** ■ No ☐ Yes

### Part 2: Estimate Your Ongoing Monthly Expenses

**Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.**

**Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)**

| | | Your expenses |
|---|---|---|
| 4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot. | 4. | $ 769.00 |
| **If not included in line 4:** | | |
| 4a. Real estate taxes | 4a. | $ 0.00 |
| 4b. Property, homeowner's, or renter's insurance | 4b. | $ 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. | $ 125.00 |
| 4d. Homeowner's association or condominium dues | 4d. | $ 62.50 |
| 5. **Additional mortgage payments for your residence,** such as home equity loans | 5. | $ 0.00 |

Debtor 1 HERNANDEZ CINTRON, OSCAR MARTIN & CAMPO SAN
Debtor 2 MARTIN, TERESITA DEL PILAR

Case number (if known) 3:15-bk-9459

| | | | |
|---|---|---|---|
| 6. | **Utilities:** | | |
| | 6a. Electricity, heat, natural gas | 6a. | $ 230.00 |
| | 6b. Water, sewer, garbage collection | 6b. | $ 67.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | $ 287.00 |
| | 6d. Other. Specify: | 6d. | $ 0.00 |
| 7. | **Food and housekeeping supplies** | 7. | $ 844.93 |
| 8. | **Childcare and children's education costs** | 8. | $ 0.00 |
| 9. | **Clothing, laundry, and dry cleaning** | 9. | $ 120.00 |
| 10. | **Personal care products and services** | 10. | $ 160.00 |
| 11. | **Medical and dental expenses** | 11. | $ 200.00 |
| 12. | **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | $ 390.00 |
| 13. | **Entertainment, clubs, recreation, newspapers, magazines, and books** | 13. | $ 60.00 |
| 14. | **Charitable contributions and religious donations** | 14. | $ 0.00 |
| 15. | **Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | $ 0.00 |
| | 15b. Health insurance | 15b. | $ 0.00 |
| | 15c. Vehicle insurance | 15c. | $ 0.00 |
| | 15d. Other insurance. Specify: | 15d. | $ 0.00 |
| 16. | **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | $ 0.00 |
| 17. | **Installment or lease payments:** | | |
| | 17a. Car payments for Vehicle 1 | 17a. | $ 511.37 |
| | 17b. Car payments for Vehicle 2 | 17b. | $ 0.00 |
| | 17c. Other. Specify: | 17c. | $ 0.00 |
| | 17d. Other. Specify: | 17d. | $ 0.00 |
| 18. | **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).** | 18. | $ 0.00 |
| 19. | **Other payments you make to support others who do not live with you.** Specify: | 19. | $ 0.00 |
| 20. | **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.** | | |
| | 20a. Mortgages on other property | 20a. | $ 0.00 |
| | 20b. Real estate taxes | 20b. | $ 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | $ 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | $ 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | $ 0.00 |
| 21. | **Other:** Specify: Pets | 21. | +$ 40.00 |
| | Uniforms Expenses | | +$ 41.66 |
| | University Expenses for Debtor's Dependent | | +$ 250.00 |
| 22. | **Calculate your monthly expenses** | | |
| | 22a. Add lines 4 through 21. | | $ 4,158.46 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | $ |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | $ 4,158.46 |
| 23. | **Calculate your monthly net income.** | | |
| | 23a. Copy line 12 *(your combined monthly income)* from Schedule I. | 23a. | $ 4,333.46 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -$ 4,158.46 |
| | 23c. Subtract your monthly expenses from your monthly income. The result is your *monthly net income*. | 23c. | $ 175.00 |

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.
☐ Yes. Explain here:

**Fill in this information to identify your case:**

| | | | |
|---|---|---|---|
| Debtor 1 | OSCAR MARTIN HERNANDEZ CINTRON | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | TERESITA DEL PILAR CAMPO SAN MARTIN | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF PUERTO RICO | | |
| Case number (if known) | 3:15-bk-9459 | | |

☐ Check if this is an amended filing

Official Form 106Dec

# Declaration About an Individual Debtor's Schedules

12/15

**If two married people are filing together, both are equally responsible for supplying correct information.**

**You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

## Sign Below

**Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?**

■ No

☐ Yes. Name of person ____________________ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

**Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.**

X ____________________
OSCAR MARTIN HERNANDEZ CINTRON
Signature of Debtor 1

Date **March 6, 2017**

X ____________________
TERESITA DEL PILAR CAMPO SAN MARTIN
Signature of Debtor 2

Date **March 6, 2017**

Label Matrix for local noticing
0104-3
Case 15-09459-BKT13
District of Puerto Rico
Old San Juan
Thu Mar 9 13:55:38 AST 2017

BANCO POPULAR PUERTO RICO
CARDONA JIMENEZ LAW OFFICE
PO BOX 9023593
SAN JUAN, PR 00902-3593

BANCO POPULAR PUERTO RICO
CARDONA JIMENEZ LAW OFFICE PSC
PO BOX 9023593
SAN JUAN, PR 00902-3593

US Bankruptcy Court District of P.R.
Jose V Toledo Fed Bldg & US Courthouse
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

BANCO POPULAR DE PUERTO RICO
BANKRUPTCY DEPARTMENT
PO BOX 366818
SAN JUAN PR 00936-6818

Banco Popular De Puerto R
16 Mcleland Rd
Saint Cloud, MN 56303-2198

Banco Popular de Puerto Rico
PO Box 364445
San Juan, PR 00936-4445

(p)BANK OF AMERICA
PO BOX 982238
EL PASO TX 79998-2238

CRESCA CORP
PMB 92
PO BOX 71325
SAN JUAN, PR 00936-8425

Claro
Po Box 360998
San Juan, PR 00936-0998

Depto De Transportacion Y Obras Publicas
PO Box 41269
San Juan, PR 00940-1269

Encantada Homeowner's Association
PO Box 815
Trujillo Alto, PR 00977-0815

Entrerios/Corrientes Homeowners Asoc
PMB 51 PO Box 2500
Trujillo Alto, PR 00977-2500

FIRST BANK
CONSUMER SERVICE CENTER
BANKRUPTCY DIVISION- (CODE 248)
PO BOX 9146,SAN JUAN,PR 00908-0146

First Bank-Lease
PO Box 19327
San Juan, PR 00910-1327

Firstbank Pr
Ave Ponce De Leon
San Juan, PR 00908

(p)JEFFERSON CAPITAL SYSTEMS LLC
PO BOX 7999
SAINT CLOUD MN 56302-7999

LCDO STEVE SEGAL JIMENEZ
STRATEGICAL LEGAL GROUP PSC
PO BOX 366220
SAN JUAN, PR 00936-6220

MIDLAND CREDIT MANAGEMENT, INC. AS AGENT FOR
MIDLAND FUNDING LLC
PO BOX 2011
WARREN, MI 48090-2011

Puerto Rico Consumer Debt Management
PO Box 363387
San Juan, PR 00936-3387

SANTANDER
PO BOX 2199
SAN JUAN, PR 00919-2199

SANTANDER FIN
PO BOX 71504
SAN JUAN, PR 00936-8604

Syncb/walmart
Po Box 965024
Orlando, FL 32896-5024

Visa Dsnb
9111 Duke Blvd
Mason, OH 45040-8999

ALEJANDRO OLIVERAS RIVERA
ALEJANDRO OLIVERAS CHAPTER 13 TRUS
PO BOX 9024062
SAN JUAN, PR 00902-4062

MONSITA LECAROZ ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

OSCAR MARTIN HERNANDEZ CINTRON
URB ENTRERIOS ENCANTADA
ER 106 PLAZA SILVESTRE
TRUJILLO ALTO, PR 00976-6169

ROBERTO FIGUEROA CARRASQUILLO
PO BOX 186
CAGUAS, PR 00726-0186

TERESITA DEL PILAR CAMPO SAN MARTIN
URB ENTRERIOS ENCANTADA
ER 106 PLAZA SILVESTRE
TRUJILLO ALTO, PR 00976-6169

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Bk Of Amer
Po Box 982235
El Paso, TX 79998

Jefferson Capital Syst
16 Mcleland Rd
Saint Cloud, MN 56303

(d)Jefferson Capital Systems LLC
Po Box 7999
Saint Cloud Mn 56302-9617

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)BANCO POPULAR PUERTO RICO
CARDONA JIMENEZ LAW OFFICE, PSC
PO BOX 9023593
SAN JUAN, PR 00902-3593

| | |
|---|---|
| End of Label Matrix | |
| Mailable recipients | 28 |
| Bypassed recipients | 1 |
| Total | 29 |